

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD 262 A (REV. 5/31/00) Department of Child Support Services

**MAIL STATION
MS 10**

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CLAIMANT'S NAME Jan C. Sturla			SSN OR EMPLOYEE NUMBER			DEPARTMENT Child Support Services		
POSITION Director		CB/ID NUMBER Exempt	DIVISION OR BUREAU Executive				INDEX NUMBER	
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS				TELEPHONE NUMBER 916 464-5300	
CITY Sacramento		STATE CA	ZIP CODE		CITY Rancho Cordova		STATE CA	ZIP CODE 95741

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
Jul-09			LODGING	BREAK-FAST	LUNCH	O.T., L/T N/C, RELO. OR DINNER		(A)	(B)	(C)	(D)			
(2) DATE	TIME							COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	AMOUNT		
8-Jul	9:00	925 L St. Sacramento						PC	18.00	30	\$16.50		\$34.50	
											\$0.00		\$0.00	
9-Jul	8:00	1020 11th St. Sacramento						PC	18.00	15	\$8.25		\$26.25	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
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											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
(10) Subtotals			0.00	0.00	0.00	0.00	0.00	0.00		\$36.00	45	\$24.75	\$0.00	\$60.75
CLAIM TOTAL													\$60.75	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
7/08/09 - Attended the Child Support Directors Association Board Meeting in Sacramento.
7/09/09 - Attended the Child Support Directors Association Membership Meeting in Sacramento

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	TOTAL
	41110		PHASE													
(14) MILEAGE RATE CLAIMED																
\$0.55																
AGENCY ACCOUNTING OFFICE USE ONLY																
PAYD BY REV. FUND CHECK NO.																
TOTALS																

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(F16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE